

NIXON PEABODY LLP
Attorneys at Law

Suite 900
401 9th Street, N.W.
Washington, D.C. 20004-2128
(202) 585-8000

Fax: (202) 585-8080

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FAX

To:	Company	Fax #:	Telephone #:
1) Examiner C.M. Broussard	USPTO	571-273-2799	
2)			
3)			
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INTERNATIONAL PHONE NUMBERS MUST INCLUDE COUNTRY & CITY CODE. SEE LOCAL WHITE PAGES FOR CODES NEEDED.

From: Thomas W. Cole	Date: June 17, 2005	No. of Pages: (including this page)	
Comments: U.S. Serial No. 10/728,990 Inventor: Tae Seung OH			

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From: Thomas W. Cole	Date: June 17, 2005	No. of Pages: (including this page)	Client/Matter: 741196-25
User #: 8682	Ext: 8206	Disbursement Amount: \$	

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL FOR FY 2005		(date if known)	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/728,990
TOTAL AMOUNT OF PAYMENT (S) 600.00		Filing Date	December 8, 2003
		First Named Inventor	Tae Seung OH
		Examiner Name	C.M. Broussard
		Art Unit	2835
		Attorney Docket No.	741196-25

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 19-2380 Deposit Account Name: Nixon Peabody LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
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FEE CALCULATION
1. BASIC FILING, SEARCH AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple document claims	360	180

Total Claims: 10 - 20 or HP = _____ x _____ = _____
 HP = highest number of total claims paid for, if greater than 20

Indep. Claims: 6 - 3 or HP = 3 x 100 = \$ 300.00
 HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets: _____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____
 Extra Sheets: _____ Number of each additional 50 or fraction thereof: _____ Fee (\$): _____ Fee Paid (\$): _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature	<i>Thomas W. Cole</i>	Registration No. 28,290 (Attorney/Agent)	Telephone 202-585-8000
Name (Print/Type)	Thomas W. Cole	Date	February 14, 2005

SEND TO: Commissioner for Patents
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